

## MADELEINE'S DEATH

I never write letters in response to articles but, having just read the article "Madeleine's death" (*Can Med Assoc J* 1996; 154: 246-249), I feel compelled to offer my deepest condolences to the author for her tragic loss.

I am an anesthesiologist who has practised in Ontario since 1968. I have been with the York-Finch General Hospital in Toronto for the past 26 years.

I would like to offer a further suggestion to avoid such mishaps. Everyone (parents and physicians) should get a photocopy of all documents (notes, radiographs and so on) from the emergency visit to the physician or hospital, with all of the recommendations for treatment or follow-up on them. If this documentation had been available each time Madeleine was examined, I am confident that she would be smiling and happy today.

I would like to extend to Ms. Hunter my family's sympathy for her tremendous loss. God bless, and good luck in the future.

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I am a first-year medical student, and I wish to express my heartfelt appreciation to Georgina and James Hunter for sharing the tragic story of their infant daughter's death. The objective and articulate way in which the tale was conveyed has served to enlighten, teach and humble us as well as to elicit sincere sorrow for the loss of this young life.

The recommendations made as a result of the coroner's inquest, concerning dehydration, breast-feeding and communication with the family, are invaluable. Similarly, the "red flags" set out in the article will no doubt encourage critical thinking and intervention on the part of all who read them.

Few of us entering the medical profession have any delusions concerning the infallibility of physicians. Rather, we understand that a sound knowledge base is only the beginning of a lifelong education, which will invariably include learning from our own mistakes and those of our colleagues. Adoption of the qualities of empathy, compassion and humility are integral to realizing this goal.

It is a fine thing that *CMAJ* saw fit to publish an account, written by a layperson, that will educate professionals in a way that no textbook could duplicate. Let us ensure that this painful lesson is etched indelibly in our minds, never to be repeated, in memory of baby Madeleine.

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I read this article with great distress. I extend to Madeleine's parents my deepest sympathy and thank them for allowing their loss to be used to educate physicians.

However, as a teacher responsible for training physicians in pediatric fluid and electrolyte therapy, I was concerned about the order in which the consultants' recommendations in the case were presented. Successful and accurate fluid and electrolyte therapy relies mainly on careful attention to details of the history and the examination. Laboratory investigation should never take precedence over application of these clinical skills. Madeleine's case eloquently demonstrates this.

Her case also emphasizes that any assessment of fluid and electrolyte status is an approximation. This aspect of care epitomizes the blending of art and science in medicine. The assessment is based on the arts of history taking and examination. The initial formulation of

the child's fluid status is a hypothesis to be tested by therapy. Good science and good medicine require that the practitioner regard his own evaluation with a healthy degree of doubt and carefully define how and when the child should be reassessed to determine whether the evaluation and therapy are accurate and appropriate.

Guidelines, pamphlets, rehydration recipes and laboratory investigations will not avert these tragedies. There is no substitute for critical thinking in clinical practice.

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I would like to thank Ms. Hunter for writing her article describing her experience with Madeleine's death. I found her insights and comments important to all physicians. In her article, she states that "death is an integral part of every physician's medical practice, yet physicians receive insufficient training in ways to assist the bereaved. Families need to hear that the physician is sorry for their loss." I agree with this observation, and it was one of the reasons that I wrote an article several years ago describing my experience in caring for a young child who died of leukemia.<sup>1</sup> My hope was that my reflections on my own experience would give other physicians permission to discuss these issues with friends and colleagues.

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### Reference

1. Goertzen J: Death of a child. *Can Fam Physician* 1993; 39: 2575-2578